

## Application Data Sheet

### **Application Information**

Application number::  
Filing Date::  
Application Type:: Regular  
Subject Matter:: Utility  
Suggested classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R??::  
Number of CD disks::  
Number of copies of CDs::  
Sequence Submission::  
Computer Readable Form (CRF)?::  
Number of copies of CRF::  
Title:: BIOACTIVE COATINGS TO PREVENT TISSUE  
OVERGROWTH ON ARTIFICIAL HEART  
VALVES  
Attorney Docket Number:: ECV-5589 DIV  
Request for Early Publication:: No  
Request for Non-Publication:: No  
Suggested Drawing Figure::  
Total Drawing Sheets::  
Small Entity?:: No  
Latin name::  
Variety denomination name::  
Petition included?:: No  
Petition Type::  
Licensed US Govt. Agency::  
Contract or Grant Numbers One::

Secrecy Order in Parent Appl.: No

### **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Michael  
Middle Name:: N.  
Family Name:: Helmus  
Name Suffix::  
City of Residence:: Long Beach  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 3733 Cedar Avenue  
City of Mailing Address:: Long Beach  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 90807

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Crystal  
Middle Name::  
Family Name:: Cunanan  
Name Suffix::  
City of Residence:: Mission Viejo  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 25581 Althea  
City of Mailing Address:: Mission Viejo

State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 92691

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Ralph  
Middle Name::  
Family Name:: Kafesjian  
Name Suffix::  
City of Residence:: Newport Beach  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 420 Westminster  
City of Mailing Address:: Newport Beach  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 92663

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Patrice  
Middle Name::  
Family Name:: Tremble  
Name Suffix::  
City of Residence:: Irvine  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 130 Giotto

City of Mailing Address:: Irvine  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 92614

### **Correspondence Information**

Correspondence Customer Number:: 30452

### **Representative Information**

Representative Customer Number:: 30452

### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application 09/571,987	Division of An Appn claiming benefit under 35 USC 119(e) of	09/571,987 60/178,084	05/16/00 01/25/00

### **Foreign Priority Information**

Country::	Application number::	Filing Date::
PCT	US01/02621	01/25/01

### **Assignee Information**

Assignee Name:: Edwards Lifesciences Corporation  
Street of mailing address:: One Edwards Way  
City of mailing address:: Irvine  
State or Province of mailing address:: CA  
Country of mailing address:: 92614  
Postal or Zip Code of mailing address:: 92614